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Behavioral Health EHR

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SOS
610 N. Silver St
Silver City, NM 88061
575-956-6131
575-956-6947
Medicaid ID: YIF915103969

Use Note Creation Time
Clear Time
Set Date/Time
7/30/2023
4:21 AM

Armendariz Barela, Eva
ID: 1000010729151 DOB: 6/19/1972
Case Management Note (SOS)

*Agitated or very Angry.
*Experiencing Severe Anxiety or Panic
*Carries a Bipolar Diagnosis
*Severe Financial Difficulty
*A Major Depression is Present
*Impaired Impulse Control
*Severe Insomnia is Present
*Rapid Shifts in Mood are Occurring

Protective Factors:
*History of Ability to Cope with Stress
*Strong Social Support System
*Feelings of Responsibility to Children, Family, or Loved Others

Suicide Risk Assessment:
She denies suicidal ideas or intentions.

Suicide Risk:
Based on the absence of risk factors, Eva's current risk of suicide is considered Very Low or Absent. There are no suicidal ideation or self-destructive or aggressive thoughts or actions.

Violence Risk:
Based on the risk factors reviewed, Eva's current risk of violence is considered Absent or Very Low. There is no homicidal ideation or intention. No aggressive ideation, self-injurious intentions, or ideation within the past six months prior to this instance of treatment.

Access to Lethal Means:
Access to lethal means was discussed with Eva. She denies having access to lethal means at this time.

1 Unit for H0038 Peer Support - UH

Time spent face to face with patient and/or family and coordination of care: 15 min

Session start: 2:15 PM
Session end: 2:30 PM

a.n.p

Ryan Dingess, CSW

Electronically Signed
By: Ryan Dingess, CSW

Service Location

Audit Log

Copy contents of the text only into
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spell check

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(Please click in the field and scroll down to see full text of note.)

Capture Signature
#1 Signed By:

Capture Signature
#2 Signed By:

Capture Signature
#3 Signed By:

1 of 1

7/30/23, 5:28 PM